

ER INCIDENT SAFETY PLAN (ISP) WORKER ACKNOWLEDGEMENT FORM	1. Incident Name:	2. Site Location:	3. Attachments:	
	4. Type of Briefing:		5. Presented By:	6. Date:
<input type="checkbox"/> Safety Plan/Emergency Response Plan <input type="checkbox"/> Start Shift <input type="checkbox"/> Pre-Entry <input type="checkbox"/> Exit <input type="checkbox"/> End of Shift Specify Other:				7. Time:
8. Worker Name (Print):	Signature:*		Date:	Time:
*By signing this document. I am stating that I have read and fully understand the plan and/or information provided to me.			ER ISP Worker Acknowledgement	
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